MAY 15 2018



STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51784 (R2/12-11)

CITY CLERK Prescribed by the Department of Local Government Finance

FORM SB-1/PP

PRIVACY NOTICE
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INSTRUCTIONS:

- 1. This statement must be submitted to the body designating the Economic Revitetization Area prior to the public flevilage if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitetization Area. Otherwise this statement must be submitted to the designating body BEFORE a parson initially life new manufacturing equipment and/or research and development equipment; and/or logistical distribution and analysis in immediate distribution and areas designated after July 1, 1907, regular a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- Approval of the designating body (Oily Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development end/or logistical distribution equipment end/or information technology equipment, BEFORE a deduction may
- ograpproved
 3. To obleful a deduction, a parson must file a certified deduction schedule with the parson's personal property religion on a partified deduction schedule (Form 103-ERA), with the toyniship assessor of the lownship where the property is eliutied or with the county essaes of there is no township assessor for the lownship. The 103-ERA most be filed believed therein I and they year for the year in which have manufacturing equipment and/or research and development end/or loylistical distribution equipment end/or loylistical distribution equipment end/or loylistical distributions equipment end/or loylistical distributions equipment end/or intermedian technology equipment is ability functional, unless o niting extension has been obtained. A person who obtains a filing extension must the tree form between March 1 and the extended due that year.
- 4. Properly owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the
- The schedules established under IC 0-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 0-1.1-12.1-17).

SECTION 4		TAXPAY	ERINFORMAI	ION .				-	
Name of texpayor JWS Machine, Inc.			1-W-12-0					20002	
Addays of layer the four transfer of the same									
Address of laxpayer (number and street, city, state, and 501 S. Alrport, Terre Haulte, IN 47803	ul ZIP code)		-					-	
Name of cohiact person									
Jeff Sterk						Totaphone niv	riber		
SECTION 2	LOCATIONA	ND DEWSou	THE WATER	44400000000000000000000000000000000000		(612) 412	-0900		
Name of designablig body	RELEVANITATION	MDDESCIII	PTION OF PRO	PROSED PRO	JECT		and the second second		
Terro Haule Common Council						Reactulon number (e)			
ocation of property	Coun	lu		3, 2013					
501 S. Aliport, Terre Haute, Indiana				•		DLOF taxing district number			
jakon plan of manufacturing aquipment and/or i	resuntch and c	levelopment.	adnjournul			84-			
Description of manufacturing deviational and/or in and/or logistical distribution on until most and/or in use additional shada if hacossay)	rominiton togh	ndlogy oquipi	ment.			ESTIMATED COMPLETION D			
For description of equipment, a	oo Bublet	۱. ۸		Menufecturing Equipmen				PLETION D	
Legal description attached as E	ee Exalbi	(A.		R & D Equipment		02/01/201	02/01/2013 03/30/3		
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FOR USE OF THE DESIGNATING BODY					
We have reviewed our prior actions relating to the designation of this economic revitelization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.6, provides for the following limitations as authorized under IC 6-1.1-12.1-2.					
A . The designated area has been limited to a period of time not to exceed					
B. The type of deduction that is allowed in the designated erea is limited to: 1. Installation of new manufacturing equipment; 2. Installation of new research and development equipment; 3. Installation of new logistical distribution equipment, 4. Installation of new information technology equipment;					
C. The amount of deduction applicable to new manufacturing equipment is limited to \$cost with an assessed value of \$					
D. The amount of deduction applicable to new research and development equipment is limited to \$N/A:cost with an assessed value of \$					
E . The amount of deduction applicable to new logistical distribution equipment is limited to \$					
F. The amount of deduction applicable to new information technology equipment is limited to \$					
G. Other limitations or conditions (specify)					
H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction on or after July 1, 2000, is allowed for:					
☐ 1 year ☐ 6 years "For ERA's established prior to July 1, 2000, only a ☐ 2 years ☐ 7 years 6 or 10 year schedule may be deducted. ☐ 3 years ☐ 9 years ☐ 4 years ☐ 9 years ☐ 6 years "☐ 10 years "					
1. Did the designating body adopt an alternative deduction schedule par IC 6-1.1-12.1-17? If yes, attach a copy of the alternative deduction schedule to this form.					
Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.					
Tolephone number Tolephone number Date eigned (month, day, year) (812)232 3375 Date eigned (month, day, year)					
While City Council					
If the designaling body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayor is millied to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.5					

COMPLIANCE WITH STATEMENT OF BENEFITS FI PERSONAL PROPERTY

State Form 51765 (R4 / 11-16) Prescribed by the Department of Local Government Finance

MAY 15 2018

FORM CF-1/PP

PRIVACY NOTICE

This form contains information confidential pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

INSTRUCTIONS:

- 1. Property owners whose Statement of Benefits was approved must fill this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (16 6-1.1-12.1 3.6)
- 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15 of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must life between January 1 and the extended due date of each year.

No.	signating body			, , , ,	,		0,10 (1) 0011		
SECTION 1		TAXPAYER I	NFORMATI	ON					
Name of taxpayer						County			
JWS Machine, Inc						Vigo			
Address of taxpayer (number and street, city, state, and ZIP code) DLGF taxing district number									
501 South Airport Street, Terre Haute, IN 47803									
Name of contact person Telephone number									
Jeff Stark (812) 917-5571						7-5571			
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY							PROFESSION		
Name of designating body		AND THE RESERVE TO THE PERSON OF THE PERSON	The state of the s	ion number		Estimated start d	ate (month, d	ay, year)	
Ferre Haute Common Council 3,2013						02/01/13			
Location of property						Actual start date	(month, day,)	vear)	
501 South Airport Street, Terre Haute, I	N 47803						07/18/13	- New In	
Description of new manufacturing equipment, or new rese	earch and deve	lopment equipme	nt, or new inf	ormation technological	ogy	Estimated comple	etion date (mo	onth, day, year)	
equipment, or new logistical distribution equipment to be 4 HAAS UMC-750, 1 Sodick AG600 Wire EDM, 1	acquired. Sodick AG75	Sinker EDM. 1	Belmont 5	-Axis Fast Hole	EDM		03/30/13		
						Actual completion	on date (month, day, year)		
							09/10/13		
SECTION 3		EMPLOYEES	AND SALA	RIES			THE NAME	THE REAL PROPERTY.	
EMPLOYEE	S AND SALA	ARIES			AS ES	TIMATED ON SI	B-1 /	CTUAL	
Current number of employees						35		74	
Salaries						1,264,372.00	3	,179,112.00	
Number of employees retained							35 7		
Salaries						1,264,372.00 3,179,1		,179,112.00	
Number of additional employees						0 0		0	
Salaries						0.00		0.00	
SECTION 4		COST AN	D VALUES						
	MANUFACTURING R & D EQUIPMENT EQUIPMENT				LOG	LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	EGUI			otenia nemakanak	EQU		33		
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	
AS ESTIMATED ON SB-1 Values before project		ASSESSED				ASSESSED	COST		
		ASSESSED				ASSESSED	COST		
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Values before project		ASSESSED				ASSESSED	COST		
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Values before project Plus: Values of proposed project Less: Values of any property being replaced Net values upon completion of project ACTUAL Values before project Plus: Values of proposed project Less: Values of any property being replaced Net values upon completion of project	COST	ASSESSED VALUE ASSESSED VALUE 359,597.00 313,843.00 673,440.00	COST	VALUE	COST	ASSESSED VALUE		VALUE	
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Values before project Plus: Values of proposed project Less: Values of any property being replaced Net values upon completion of project ACTUAL Values before project Plus: Values of proposed project Less: Values of any property being replaced Net values upon completion of project NOTE: The COST of the property is confidential SECTION 5 WASTE CONVERTED Amount of solid waste converted Amount of hazardous waste converted Other benefits:	COST COST Pursuant to IC	ASSESSED VALUE ASSESSED VALUE 359,597.00 313,843.00 673,440.00 C 6-1.1-12.1-5.60 ND OTHER BE R BENEFITS	COST COST S(c). NEFITS PR	ASSESSED VALUE	COST	ASSESSED VALUE ASSESSED VALUE YER	COST	ASSESSED VALUE	

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991.

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

CUNFIDENTIAL

- This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
- Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- 3. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the County Assessor and the County Auditor.
- 4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- 5. If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the County Auditor; and (3) the County Assessor.

We have reviewed the CF-1 and find that:					
the property owner IS in substantial compliance					
the property owner IS NOT in substantial compliance					
Other (specify)					
Reasons for the determination (attach additional sheets if necessary)					
Signature of authorized member	Date signed (month, day, year)				
Attested by:	Designating body				
If the property owner is found not to be in substantial compliance, the r	property owner shall receive the opportunity for a hearing. The following date and				
time has been set aside for the purpose of considering compliance.	property Owner shall receive the opportunity for a hearing. The following date and				
Time of hearing AM Date of hearing (month, day, year) Locat	ition of hearing				
	to be completed after the hearing)				
Approved	Denied (see instruction 5 above)				
Reasons for the determination (attach additional sheets if necessary)					
Signature of authorized member	Date signed (month, day, year)				
Attested by:	Designating body				
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]					
	may appeal the designating body's decision by filing a complaint in the office of the pay the costs of the appeal if the appeal is determined against the property owner.				